There were 2 cases of mammary cancer in the male against 102 in the female, one a scirrhus, the other tubular tending to scirrhus.

Fibroma, sarcoma and adenoma of the mamma. Of these there were 24 (16%). The 11 cases of fibroma and fibrosarcoma occurred between puberty and the 40th year, and seemed to develop from a chronic form of mastitis. There was 1 round-cell sarcoma, 1 intracanalicular myxoma, 7 angiosarcoma, etc. A long table of cases completes the article.—*Bruns' Beitrag z. klin. Chirg.*, bd. iv, heft 1, '88.

WILLIAM BROWNING (Brooklyn).

III. Purulent Pericarditis Successfully Treated by Aspiration and Drainage. By DR. HOWSHIP DICKINSON (London.) A case of recovery after nine aspirations of the pleura and three of the pericardium followed by incision and drainage of the sac of the latter is distinctly an encouragement to those surgeons who would treat pus in the pericardium as they would treat it elsewhere.

When it is borne in mind that the origin of the mischief in Dr. Dickinson's case was pyæmic it will be confessed that a more unpromising case could scarcely be found. The difficulties which beset the diagnosis of pyo-pericardium coupled with the diffidence which the surgeon naturally feels in dealing with one leg of the 'tripod of life' probably supply the reason why its surgical treatment is seldom attempted. For the disease is not rare, though it not infrequently happens that cases die without any attempt having been made to relieve them by surgical means, and the fact that pus does sometimes become encysted and comparatively harmless in the pericardium may help to explain why the aid of the surgeon is not more frequently invoked.

It has usually been held that the fourth left interspace near the sternum, but avoiding the internal mammary artery is the most eligible spot for operation. But if the distended pericardium presents to the right of the sternum there will plainly be less danger of wounding the heart by dealing with it on that side and in the lowest interspace in which it can be made out, which probably will be the fifth.

The case of pyopericarditis associated with osteomyelitis recently reported by Mr. R. W. Parker would lead us to avoid attempting to wash

out the opened sac, at any rate on the occasion of its incision and until the pressure relations within the thorax have had time to re arrange themselves. Nor will any washing out be so likely to be needed if the fullest antiseptic precautions be adopted both in the preliminary puncture or aspiration, and afterwards when the knife is used.—*Clinical Society of London*, Nov. 23, 1888.

A. F. STREET (Westgate).

IV. Surgical Treatment of Purulent Peritonitis.—By DR. O. WITZEL (Bonn). In the treatment of a case of diffuse purulent peritonitis we are confronted with this question ; up to what point is it necessary, up to what point is it possible, to remove the septic contents, and how can this be accomplished in the most careful way? Several methods have been proposed ; the opening of the abdomen, turning aside of the intestines and removing the secretions by means of sponges has been proposed, but this is extremely dangerous.

Nussbaum and Tait have advised in these cases to open the abdomen by a small median incision and filling the cavity with fluid, and then turning the patient on the side, so that the liquid can run out. If the incision is small and the intestines much distended, only little fluid will run out ; if the incision be large, by turning the patient on the side the intestines will fall out, and in replacing them we give rise to as grave a condition of shock as by the first mentioned procedure. The washing out of the abdomen by means of a tube introduced in the wound has not been very successful, till Witzel thought of washing out the abdomen through several small wounds through which long drainage tubes were passed. The author experimented successfully on animals, and moreover had the opportunity of trying his method in three cases of purulent peritonitis. One case, that of a child, æt. 9 years, with suppurative peritonitis due to a perforation of the vermiform appendix, was operated on and a median and two lateral incisions were made through these incisions drainage tubes were passed and the washing out of the abdomen done thoroughly and rapidly ; the child seemed to improve after the operation, but died in sudden collapse 15 hours later.